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CERTIFICATE OF PARTY ENDORSEMENT
At the [check one] town committee meeting caucus town convention
of the DEMOCRATIC PARTY
held at WILLINGTON PUBLIC LIBRARY on the 24 day of May, 2016, (location of meeting)
I was endorsed by such endorsing authority as candidate for nomination to the office of
PEGISTRAR OF VOTERS , for the State Election to be held
on November 8, 2016; and I authorize my name to appear on the ballot as printed or typed below:
CHRISTINE PSATHAS 17 JARED SPARKS RD WILLINGTON 06279. (Print or type name in (Full Residence AddressStreet) (Town) (Zip) exactly the form in which you authorize it to appear on ballot)
Dated at WILLINGTON, Connecticut, this 24 day of MAY, 2016.
Signature of Candidate
<u>ATTESTED BY</u> :
Signature of Chairman or Presiding Officer of Meeting Officer of Meeting

IMPORTANT: If this certificate, properly completed, is not received by the Secretary of the State by the deadline indicated above, the party shall be deemed to have made NO ENDORSEMENT OF ANY CANDIDATE for the office. (§9-391)

To be filed with the SECRETARY OF THE STATE not later than 4 p.m. on the fourteenth day after the town committee meeting, caucus, or convention (or if such fourteenth day is a Saturday, Sunday or not later than 4 p.m. on the next succeeding business day), in accordance with §§9-391 and 9-2 of the 6	r legal holiday,
Statutes. NOTE: this form is to be used only by the party-endorsed candidate for municipal offic the municipal office of State Representative (single-town district). ***********************************	E 1180
CERTIFICATE OF PARTY ENDORSEMENT	S S
At the [check one] D town committee meeting caucus town convention	い。
of the REPUBLICAN PARTY	F. Bar
held at Wiwington Pursuc Library on the 33 day of (location of meeting)	'May, 2016,
I was endorsed by such endorsing authority as candidate for nomination to the office of	
KELISTEAR OF VOTERS, for the State Election to be held	
on November 8, 2016; and I authorize my name to appear on the ballot as printed or types	d below:
SUZHNNE G. CHAPMAN 48 JARROSPARES ES WILLINGTON (Print or type name in (Full Residence Address-Street) (Town)	06279.
(Print or type name in (Full Residence AddressStreet) (Town) exactly the form in which you authorize it to appear on ballot) (Town)	(Zip)
Dated at Willington, Connecticut, this 24 day of May, 20)16.
Signature of Candidate	
ATTESTED BX:	Milesan
Signature of Chairman or Presiding Officer of Meeting Officer of Meeting	e d
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<u>IMPORTANT</u>: If this certificate, properly completed, is not received by the SECRETARY OF THE STATE by the deadline indicated above, the party shall be deemed to have made <u>NO ENDORSEMENT OF ANY</u> <u>CANDIDATE</u> for the office. (§9-391)